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ABSTRACT

The Living for the Young Family through Education (LYFE) program is a school-based daycare and support program for adolescent parents and their children in the New York City Public Schools. Infants receive daycare services in the LYFE nursery, usually located in the high school. Parents receive social services provided by a social worker and family worker while pursuing a high school diploma. Supplementary services include parenting classes. Evaluation information was gathered from interviews with program administrators and from visits to all 23 program sites. The following findings are reported: (1) the system for identifying and tracking pregnant and parenting students is inadequate; (2) students are particularly vulnerable to dropping out during the period immediately following the birth of a child; (3) pregnant students in comprehensive high schools risk loss of credit for the weeks of the school term prior to leaving school to give birth; (4) school-based health clinics are important and convenient services; (5) program goals and guidelines are inconsistent from school to school; (6) staff at individual sites spend too much time on student recruitment and staff development activities; (7) the best program model includes daycare services at the same school the parents attend, service coordination, integration of the program into the life of the school, collaboration between the social worker and the daycare teacher, and parent-child interaction during the parents' free school periods. Recommendations for improvement are made. Statistical data are presented in ten tables. A list of program sites is appended. (FMW)

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FOR A BETTER LYFE

A Study of the LYFE—
"Living for the Young Family Through Education"—
School-Based Day Care and Support Services' Program for
Teenaged Parents and their Children

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Cover photo. Former LYFE student Marisol DeLeon and her son Christopher on the occasion of her graduation from Bronx Regional High School as its June 1989 class valedictorian. Photo credit: Chrystyna Czajkowsky, New York Post.

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FOR A BETTER LYFE

TABLE OF CONTENTS

I. Executive Summary.....page 1

II. Recommendations.....9

III. Introduction.....16

IV. Methodology.....21

V. Findings.....23

VI. Appendix

- LYFE Program Sites, Spring 1989.....83

I. EXECUTIVE SUMMARY

Concern for the problems of, and possible solutions to, the seemingly intractable poverty haunting the childhoods of growing numbers of children, has long guided the work of both Citizens' Committee for Children and the Roosevelt Institute. In recent years much public interest has focused on the dilemma of the teenaged parent, who is at high risk for school dropout, long-term welfare dependency and chronic un- and underemployment [1]. Passage of the Family Support Act by Congress this past year has highlighted this concern.

Since 1982, the New York City public schools have conducted their own intervention effort. Known as the LYFE - Living for the Young Family through Education - program, it provides support services to teenaged students and day care to their children, using primarily Board of Education and Agency for Child Development funds. Infants aged 2 months to 2.9 years receive day care services in the LYFE nursery, usually located in the high school, under the direction of a day care teacher and a complement of assistant teachers. Parents receive social services provided by a social worker and family worker, while

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[1] Hofferth, S.L. & Hayes, C.D. (Eds.) (1987). Risking the future (Vol. 2). Washington, DC: National Academy Press.
Mott, F.L. & Marsiglio, W. (1985). Early childbearing and completion of high school. Family Planning Perspectives 17, 234-237.

pursuing a high school diploma. LYFE programs may also benefit from supplementary services, such as parenting classes, provided by the host school.

This study was motivated by a desire to learn more about the current state of LYFE programs, their strengths and outstanding needs, and by the Roosevelt Institute's special interest in the Eleanor Roosevelt Teenage Parent Program which it initiated at the Bronx Regional High School. Citizens' Committee for Children volunteers observed activities and interviewed staff at all 23 LYFE sites during the spring of 1989. The following is a summary of our findings and recommendations.

* * *

There are many barriers to school completion affecting pregnant and parenting students which go well beyond the scope and responsibility of the LYFE program. The system for identification and tracking of these students is on the whole inadequate. Most schools do not reliably know who their parenting students are, nor in most cases do they provide sufficient parent support services to these students. In addition, efforts to attract parenting students back to school are inadequate. **Citizens' Committee for Children and the Roosevelt Institute, as a result of this investigation, consider it essential for the Board of Education to establish an office reporting directly to the Executive Director of the Division**

of High Schools in order to reorganize, computerize and oversee these functions (Recommendation A-1, p. 9).

Students are particularly vulnerable to dropping out during the period following the birth of a child. Home Study - which typically provides independent study materials to students confined at home due to illness - was available during the postpartum period to pregnant students attending a School for Pregnant Students, but seldom to others, to maintain the school connection during these crucial weeks. **We recommend that Home Study be made available to all postpartum students** (Recommendation A-2, p. 10).

In addition, pregnant students in comprehensive high schools risk loss of credit for those weeks of the school term completed prior to leaving school to give birth. The alternative high schools have a system of point-based credit accumulation which results in fewer credits being lost when pregnant students leave to give birth. **We recommend that all schools extend this system to pregnant students** (Recommendation A-3, p. 10).

Where they existed, school-based health clinics provided referrals as well as important and convenient services to LYFE students and their infants. **We recommend the expansion of these school-based clinics in LYFE schools as well as other schools** (Recommendation A-4, p. 11).

Citizens' Committee for Children and the Roosevelt Institute

found an inconsistency among LYFE programs in a number of areas. **We recommend that the LYFE Central Office redefine its goals and develop consistent guidelines to maximize achievement of these goals** (Recommendations B-1,2, p. 11). These would relate to admission requirements, policy with regard to additional pregnancies, measures of progress for the parents and standards of attendance and/or educational progress, if deemed desirable. There should also be guidelines relating to involvement with the student's family (infant's father, teenager's parent(s), etc.).

Staff members at individual sites expended a great amount of effort, not always to the best effect, on activities which would more appropriately be the responsibility of the LYFE Central Office. **Therefore we recommend that the Central Office take on the primary responsibility for the individual site's liaison with its host school, for actively recruiting students, as well as for staff development for high school personnel concerned with pregnant and parenting students** (Recommendations B-3,4,5, p. 12). This office should also be responsible for staff development aimed at educating the Agency for Child Development teaching assistants in the purposes of the program.

Our investigation also looked at the program model(s) in current use and pointed to a number of practices which appeared to work best. **Most, but not all, LYFE programs provided day care onsite at a given school for students attending that**

school; maximum coordination of services, as well as integration of the LYFE program into the life of the school, are best achieved with this model (Recommendation C-1, p. 12). LYFE program sites that used offsite family day care homes for child care and the one LYFE nursery that served as a "feeder" site for students from more than one school suffered from limits to the quality of service imposed by the program structure. Parents, for example, had few opportunities to interact with their child's day care teacher in these models. **Collaborative planning between the LYFE social worker and day care teacher, which exists at two-thirds of LYFE program sites, is also recommended as encouraging favorable coordination of services** (Recommendation C-5, p. 13). Lastly, where LYFE sites permitted visits by parents to the nursery (during free school periods), supportive parent-day care teacher relationships were encouraged and opportunities to guide the parent-child relationship flourished. **We recommend that this policy be adopted across the LYFE sites** (Recommendation C-6, p. 13).

Citizens' Committee for Children and the Roosevelt Institute found that LYFE parent counseling and referral services were restricted to those parents whose children are currently enrolled in its day care services. Since the purpose of the program is completion of high school by the parent, **we would recommend that all parents in the school - including those**

whose children are no longer eligible by age for LYFE day care (which serves children 2 months to 2.9 years) or who have other day care options available to them - remain eligible for parent services (Recommendation C-2,3, p. 13).

Several findings relate to the services provided by LYFE to parents. Up to half of LYFE sites, for example, are doing without full social services staffing - full-time social workers and family workers. **Without full staffing, the richness of the program model is diminished** (Recommendation D-1, p. 13). In addition, LYFE sites were inconsistent in the degree to which they offered family planning counseling and support to parents. **We recommend that LYFE staff play an active role in this important area** (Recommendation D-2, p. 14).

There were no remedial programs exclusively for LYFE students. LYFE programs relied on existing remedial services in their schools to meet student need while acknowledging that LYFE students have unusually great remedial needs. On the other hand, vocational programs aimed at the LYFE parent were more likely to be available. Two-thirds of LYFE program sites had vocational education programs either as a part of LYFE or with which their students were closely associated. **We recommend that vocational and especially remedial programs be an integral part of LYFE. In a related concern, we encourage LYFE to offer after-school and summer services, to further**

accommodate vocational and remedial programs (Recommendations D-3, C-4, p. 14).

Parenting instruction, which the Central Board has encouraged for LYFE parents, existed in some form in all schools sponsoring LYFE programs. Curriculum models - whether a formal class or informal support group, and whether available only to just LYFE parents, to other parents, or to students at large in the school - varied considerably. Curriculum content and instructor qualifications also differed. In most cases, schools offered one level of parenting class but no progressive instruction - a Parenting II or III - to reenforce and build upon acquired skills. School staff emphasized the importance of making these classes credit-bearing to encourage students to enroll. **We recommend the development of curriculum guidelines and minimum standards for parenting education, including the inclusion of progressive curriculum models and credit qualifications** (Recommendation D-5, p. 14).

Guidelines concerning absences during school hours for parents to attend health clinics, WIC appointments [2] and the like existed in few schools. In some instances students were not encouraged to request after-school appointments; in others, clinics were scheduled by the provider during school hours.

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[2] The Special Supplemental Food Program for Women, Infants and Children (WIC) is a federal program providing nutritious food supplements to pregnant women and children of low-income families who are deemed to be at nutritional risk.

We recommend a policy encouraging students to set after-school appointments and that the LYFE Central Office undertake advocacy with community service providers to accommodate student schedules (Recommendation D-4, p. 14).

Finally, our investigation produced findings and recommendations concerning services in the LYFE nurseries. While the quality of child care offered was on the whole excellent, some LYFE sites needed help in negotiating with their schools' food service to supply meals better suited to the nutritional needs of infants and toddlers; others had long been awaiting installation of required water supplies by the Board of Education's Division of School Buildings. Lastly, few LYFE sites had appropriate outdoor play spaces for their children. **We recommend improvements in all of these areas** (Recommendations E-6,7,8, p. 14).

* * *

II. RECOMMENDATIONS

A. Recommendations to the Division of High Schools, Board of Education:

1. **Establish an office reporting directly to the Executive of the Division of High Schools charged with coordinating and monitoring all programs and services for pregnant and parenting public school students, and assuming responsibility specifically for the following:** [3]

a. Designating a staff member in every high school whose primary responsibility is to coordinate pregnancy and parenting programs, refer students for appropriate services and track the incidence of pregnancy and parenting on the level of the school. [4] This staff person would report to the office recommended in (1), above.

b. Developing a system for identifying pregnant and parenting teens and tracking their enrollment, affiliation with special programs, academic progress and dropout. The

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[3] While the Board of Education has recently undertaken to establish such an office, the full level of coordination desirable has not yet been achieved.

[4] While similar in purpose to the existing Services Linkage Project program, this staff member would not have teaching responsibilities as do Linkage Project designated staff.

system would alter the data collection instrument in current use by the Board of Education for student discharges (dropouts) to include pregnancy, parenting and day care need as reasons.

c. Developing a service system which would assess the day care needs of all student-parents, and try to arrange day care for those parents who need it whether through LYFE or a community-based provider. (The Schools for Pregnant Teens currently provide such services to their students.)

d. Establishing a reclamation effort for those students known to have dropped out of school as a result of pregnancy or parenting.

e. Encouraging the integration of the LYFE program into the total program of individual schools.

2. **Extend the availability of the Board of Education's Home Study program - independent study at home for students on medical leave - to include the period following delivery until the student returns to school. Strengthen the Home Study program by instituting periodic home visits for academic and personal support to new parents.**

3. **Extend features of the Alternative High Schools, such as their advisement system and point-based credit**

accumulation, which would result in fewer credits being lost when pregnant students leave school to give birth.

4. Expand the availability of school-based health clinics in LYFE schools, and other schools.

B. Recommendations to the LYFE Central Office:

1. Develop refined goals and clear objectives for the LYFE program, with attention to the following:

a. Clarifying which parents will be served.

b. Considering uniform acceptance and termination policies across the LYFE program sites.

c. Establishing academic/vocational as well as social goals and objectives.

d. Clarifying the program's goal in relation to LYFE students' extended families and establishing objectives.

e. Establishing goals and guidelines for developing the vocational role of the LYFE nursery for LYFE as well as other students.

2. Build effective evaluation methods, corresponding to the objectives established for the program, into all LYFE sites by the following:

a. Instituting a standardized policy for collecting data on student academic progress while enrolled in LYFE and up to graduation. Include tracking of LYFE students enrolled in GED preparation programs through to actual successful completion of the GED examination.

3. **Assume responsibility for active LYFE program recruitment efforts.**

4. **Assume primary responsibility for LYFE sites' liaison with host schools.**

5. **Consider system-wide staff development for high school personnel concerned with teen pregnancy/parenting issues. Institute staff development efforts in the area of special needs and methods of working with teen parents for ACD Teaching Assistants.**

(C.) LYFE Program Model

1. **Regard the predominant LYFE program model - congregate day care in a single, same-site school - as the standard for current and future LYFE sites.**

2. Maintain eligibility for LYFE parent services for those LYFE parents whose children are no longer eligible by age for LYFE day care.

3. Permit access to LYFE parent services to those parents in a school whose children are cared for in other than the LYFE nursery or are waiting to enter.

4. Make efforts to extend the LYFE program's availability into after-school and summer hours to facilitate remedial education and vocational training of LYFE students.

5. Promote collaborative planning between the social worker and day care teacher at individual LYFE sites.

6. Encourage LYFE sites to permit parent access to the LYFE nursery.

(D.) Improved Services for Parents

1. Establish or restore full social services staffing in understaffed LYFE sites.

2. Require all LYFE program sites to provide active counseling in family planning practices to LYFE student-parents.

3. Incorporate or otherwise increase the availability of remedial and vocational services in LYFE program sites. Increase the availability of educational and vocational guidance counseling within LYFE program sites.

4. Encourage after-school scheduling of LYFE students' social services appointments, and advocate for extended service hours to accommodate academic schedules.

5. Provide an updated parenting curriculum establishing guidelines and minimum standards for parenting classes. Develop a sequential curriculum - a Parenting II and III - in the schools.

(E.) Improved Services in the Nursery

1. Create appropriate outdoor play spaces among existing and planned LYFE sites.

2. Continue to intercede with the dieticians in LYFE program schools to bring about appropriate food for toddlers enrolled in the program.

3. Advocate with the Board of Education's Division of School Buildings for the timely installation of required water supplies and bathrooms among LYFE sites.

* * *

III. INTRODUCTION

Over the last few years there has been increased awareness of the growth and persistence of poverty in our society, most notably in our large cities. The fact that this poverty has become intergenerational compounds the problem and destroys the cherished myth that all of our children, at birth, have equal opportunities for successful lives. Children, in fact, are bearing the brunt of this phenomenon as they represent an ever larger percentage of the population living below the federal poverty level.

This ingrained cycle of poverty is epitomized by the teenaged mothers who make up roughly 50 percent of all long-term welfare recipients and are often the second or third generation of teenaged mothers in their families. If our object in providing services is to focus on these deep and intractable pockets of poverty, the teenaged mother and her child would serve as a critical point for intervention.

It is precisely at this point that the LYFE program steps in. It provides the possibility, the support and the hope that young parents will complete their education and eventually become productive members of society. At the same time it offers a "head start" for their children through child care, health and nutritional supervision as well as parenting education for the mothers.

It is for these reasons that Citizens' Committee for Children and the Roosevelt Institute considered it important to examine the LYFE program. We believe that it is a significant, innovative and promising intervention and our aim was to investigate, describe and recommend improvements to strengthen it. We would like to see it become the best LYFE possible, offering the opportunity for a better life to its student-parents and their infants.

The Roosevelt Institute has had an interest in the LYFE program from its earlier days. Beginning in 1984, the Institute provided support for a pilot LYFE project at the Bronx Regional High School: The Eleanor Roosevelt Teenage Parent Program. This program included a strong services component, integrated with other school support activities. The Institute's support was joined in subsequent years by other foundations as well as corporations. This private support made possible the development of supplemental services such as parenting classes and vocational training efforts at Bronx Regional High School and influenced the growth of such services at other LYFE sites.

The New York City public schools have a history of program efforts to assist pregnant and parenting teens in completing their educations. Until the late 1960s, pregnant and parenting students were routinely expected to drop out of school and few, if any, supports were provided. In 1967, however, the Martha Neilson School, the first School for Pregnant Students, was

founded in the Bronx to provide an alternate route to school completion for pregnant students. The Martha Neilson School was followed by similar schools in the other boroughs beginning in the late 1970s. A pregnant student's right to remain in a traditional high school and her entitlement to equitable treatment was not established until 1972, under federal Title IX of the Education Amendments of that year. In 1981 a pregnant student's right to educational equity was affirmed by Board of Education Chancellor's Regulation (A-740), at which time pregnant students were formally provided with the option of either remaining in their current school or transferring to a School for Pregnant Students.

School-based day care for parenting students began to make its appearance in the 1970s. In 1972, High School Redirection, an alternative high school in Brooklyn, opened the first school-based day care center for its students, establishing the prototype for subsequent day care efforts in the schools. Other high schools soon followed suit. In 1982, at the initiative of the then City Council President Carol Bellamy, day care programs in the high schools were consolidated and expanded as the LYFE - Living for the Young Family through Education - program. At the same time the LYFE program became eligible for day care subsidies and supervision through the City's Agency for Child Development (ACD), a division of the Human Resources Administration, which

oversees all publicly-subsidized day care for the City. By 1986 12 LYFE sites had been developed, and by 1989 the program had grown to 23 LYFE sites in 18 high schools and 5 GED preparation programs.

n addition to providing school-based day care to the children of high school students, LYFE includes a social services component directed toward the needs of the young parents. Staffed by a social worker, who provides counseling and social services referrals, and a family assistant, who makes home visits, escorts students to social services appointments, and otherwise assists the social worker, this social services component attempts to do what day care alone cannot: support the young parent in her roles as student and parent. Increasingly, LYFE's social services component has been supplemented in a number of schools by additional educational and social services programs, such as parenting education, health and sex education classes and school-based health clinics, stepped-up vocational education opportunities and remedial programs. How these program and service opportunities interact with and affect the LYFE program, as well as the nature of the services provided under the auspices of LYFE, were primary concerns of this inquiry.

A further goal of this inquiry was to develop a descriptive profile of the LYFE program model(s), including goals and objectives, staffing patterns and relationships, enrollment and

attendance, the influence of the host schools on programs, and the problems and successes of the program as identified by program staff. The LYFE program was last examined by Welfare Research, Inc., under the auspices of the Board of Education during the 1985-86 school year. The number of LYFE program sites has doubled since that time, with additional new programs planned for 1990. Citizens' Committee for Children and the Roosevelt Institute proceeded in the belief that an independent review of all 23 sites - how they were different from or similar to one another and what appeared to be problem areas and strengths - would produce useful recommendations for current as well as anticipated new LYFE programs.

The design of this study was approved by a Project Oversight Committee made up of representatives of Citizens' Committee for Children and the Roosevelt Institute, and its findings and recommendations are presented with the endorsement of both organizations.

IV. METHODOLOGY

Preparation for this inquiry began in the fall of 1988, ccmmencing with the establishment of a Project Oversight Committee, made up of members of Citizens' Committee for Children and the Roosevelt Institute, and a Citizens' Committee LYFE Project Task Force responsible for carrying out field work. Mrs. Edythe W. First, board member of Citizens' Committee for Children, chaired the Project Task Force, made up of nearly two dozen volunteers of the Education Section as well as several members of the Health Section. Permission to proceed was obtained from Dr. Victor Herbert, then Executive Director of the Division of High Schools, and from Stephen E. Phillips, Superintendent of Alternative Schools and Programs for the Board of Education.

A series of interviews was undertaken with experts in the field of teen pregnancy prevention and parenting, both within the schools and without. These included Stephen E. Phillips, who oversees the LYFE program for the Board of Education, and Cynthia Wilson, Interim Acting Director of the LYFE program. A set of Project questionnaires was developed and training of the Project Task Force carried out. Site visits were scheduled during the spring of 1989 at all 23 LYFE program sites as well as with staff of the LYFE Hotel Project, a referral program serving young mothers and their children living in hotels and other temporary housing.

Working in pairs, Project Task Force volunteers made the site visits during the months of April and May. Interviews were conducted in each setting with the administrator of the program, customarily the principal or assistant principal of the host school; the LYFE day care teacher; the LYFE social worker; and, where time permitted, the LYFE family worker. In all cases, day care activities were observed and, where scheduling permitted, parent education classes and support groups were also observed. A total of 72 interviews were conducted by 18 Citizens' Committee volunteers under staff coordination.

Analysis of the interview materials took place during the summer of 1989. Interview narratives were reduced to response categories in a simplified questionnaire, with one questionnaire representing all interviews and observations for each LYFE site, and quantified where possible and appropriate. The development of recommendations and report preparation occupied the final months of 1989.

V. FINDINGS

1. OVERVIEW

As of the spring of 1989, when Citizens' Committee for Children, in collaboration with the Roosevelt Institute undertook this review, the LYFE program consisted of 23 sites, representing all five boroughs, in a variety of educational settings. Eight LYFE sites were located in comprehensive (or "zoned") high schools, which serve particular neighborhoods. An additional 10 were located in nontraditional, "alternative" high schools, including four of six Schools for Pregnant Students. Five LYFE sites were located in Graduate Equivalency Diploma (GED) programs, four of which were under the sponsorship of community-based organizations (see Table 1). One remaining LYFE project - the LYFE Hotel Project - is a referral service only, linking young parents in temporary housing to any of the other LYFE sites. While Citizens' Committee monitors interviewed staff of the Hotel Project, we have omitted discussion of it from this report unless otherwise indicated because it does not provide day care or extended social services.

In what would prove to be the standard program design, 20 LYFE sites (87 percent) provided day care services to the children of students enrolled in the same school or educational program which sponsors the site. At 19 of 20 sites the day care

facilities were in the school building. An exception was one comprehensive high school, which used offsite family day care homes to deliver its day care services.

In addition, three day care programs (13 percent) functioned as "feeder" sites for students enrolled in two or more off-site schools. Students enrolled in these LYFE programs dropped their children off each morning before traveling to their respective high schools. Two of these three sites made use of the onsite, congregate day care model; one used a family day care offsite network at the time of our inquiry, but intended conversion to onsite congregate care by the 1989-90 school year (see Table 2).

Just under half of LYFE sites (11, 48 percent) were founded prior to 1986. The oldest has provided school-based day care since 1972 and became part of LYFE at the program's inception in 1982. The balance of the programs (12, 52 percent) were founded between 1986 and the present. Six programs (26 percent) have been in operation for two years or less. One of these was established within a few months of the time of interview.

LYFE is a relatively new program and although there is a standard model for services, that model has been adapted at a number of sites.

2. FUNDING

LYFE sites typically receive Agency for Child Development reimbursement, based on attendance, for child care costs which

TABLE 1: LYFE PROGRAM SITES (as of spring 1989)

Site		Borough
Comprehensive High Schools		
Andrew Jackson Family Day Care	X	Q
Far Rockaway High School		Q
James Monroe High School		BX
John Jay High School		BK
Sarah J. Hale High School		BK
Theodore Roosevelt High School		BX
High School of Telecommunication Arts		BK
William H. Taft High School		BX
Alternative High Schools		
Bronx Regional High School		BX
School of Cooperative Technical Education		M
Middle College High School	X	Q
High School Redirection		BK
Satellite Academy		M
West Side High School		M
Schools for Pregnant Students		
P911M, Center for Continued Education		M
P921X, Martha Neilson School		BX
P932K, Community School for Comprehensive Education		BK
Sadie American OES [5]		SI
Office of Educational Services' GED Programs		
Argus OES		BX
Bronx Outreach		BX
The Door		M
South Bronx Job Corps		BX
YWCA		M
Other		
LYFE Hotel Project (referral service, serves all boroughs)		Q

X - Sites using offsite family day care

TABLE 2: LYFE "FEEDER" PROGRAMS, SERVING STUDENTS FROM MORE THAN ONE SCHOOL

Middle College High School:
- Aviation High School
- Long Island City High School
- Middle College High School

Sadie American OFS
- Curtis High School
- Ralph McKee High School
- Port Richmond High School
- St. George (GED program)
- Susan E. Wagner High School

Satellite Academy
- City-As-School
- Lower East Side Prep
- Outreach OES (GED program)
- Satellite Academy (Forsyth St. and Chambers St.)

[5] While not formally a School for Pregnant Students, staff identified services to pregnant students as a central function of this school.

covers child care supplies and the day care teachers' and assistant teachers' salaries. The Board of Education supplies the day care space, provides maintenance, supports the administration and covers the social worker and family worker salaries for each site. Children who reach the age of 2.9 years before the end of a school term are no longer eligible for ACD subsidies. In cases where they are kept on, generally to the end of the school semester, the cost of their care is underwritten by the Board of Education. In addition, the LYFE Central Office supports the LYFE Hotel Project, using Board of Education funds.

In those LYFE sites sponsored by nonprofit organizations, the sponsoring organization supplies the funds for nursery space and maintenance.

Citizens' Committee found only a few sites benefiting from outside support. One site, located at Bronx Regional High School, received sizable start-up and supplementary grants over several years from the Franklin and Eleanor Roosevelt Institute as well as other sources; a second site, located at Theodore Roosevelt High School, received a small, one-time grant from a family foundation at the time of its founding. Middle College High School planned to add additional students from a local community college to its program in the fall of 1989, and would receive funds from the college for this purpose. Several other sites mentioned that their school principals provided some small

supplementary funds from discretionary sources for extra supplies and occasional parent field trips. The major services to the young parents - counseling, remediation, parenting education, and educational and vocational guidance - are all essentially dependent upon the Board of Education budget.

3. GOALS OF THE PROGRAM

The LYFE Program defines its primary goal as support of school continuation and high school completion for its student-parents. A secondary goal is the provision of developmentally-appropriate care and developmental interventions to LYFE infants.

When interviewed, LYFE site coordinators in all 23 programs cited these, with minor variations, as their goals. However, when asked whom they served, variations emerged, indicating that programs had different, implicit goals. For example, at 15 LYFE sites (65 percent) it was stated that they served predominantly the parent and her child. Activities in these programs tended to center upon school progress, social service needs and immediate child-rearing concerns, with less emphasis on interpersonal relations and life skills. At eight LYFE sites (35 percent), however, staff members were firm in their contention that they served the whole family headed by the LYFE student - her child, the father and the respective grandparents.

Sites taking a "whole family" approach tended to believe that unless functioning was improved across the family system, the goal of school completion, as well as the LYFE infant's development, remained at risk. Their goals began with school completion but were more far-reaching, with the hope of a lasting positive impact on the parent and child.

In addition, Citizens' Committee found variation among the acceptance policies in force at LYFE program sites, suggesting a further, different and implicit goal (see Section 15, Acceptance and Termination Policies). Three LYFE sites (13 percent) used selective academic and/or attendance criteria to admit LYFE students, while 20 LYFE sites (87 percent) did not. This divergence raised a question of which parents the LYFE program is intended to serve. Is it a program, on the one hand, for any student at risk of dropout as a result of parenting or, on the other, for student-parents who, by virtue of their own efforts, have demonstrated themselves to be somewhat less at risk of dropout than the student population as a whole?

Citizens' Committee's monitors were left with the impression that "what works" was a subject of some debate and conceptual difference among LYFE program staff. We recommend that the program develop refined goals and clear objectives based on a common analysis of the teen parenting issue.

4. RELATIVE VALUE OF DIFFERENT SETTINGS

While the existence of onsite congregate day care, serving students in the school attended by the parent, may be characterized as the standard LYFE program model, a number of variations existed with implications for the relative success of the particular LYFE program site.

The variation of greatest significance concerned the use of offsite family day care as the child care model in two LYFE sites. While offsite services are an obvious solution to the problem of locating space within a school to accommodate the LYFE center - a major obstacle to LYFE program expansion - Citizens' Committee's monitors were convinced that the losses to the program offset this advantage. Under the family day care model, LYFE student-parents do not have access to their children during the school day, nor can the child care component of LYFE function as a site for student internships and other educational experiences. Parent education is also hampered under this model by the inability of the day care staff to advise LYFE parents on any regular basis concerning their children's care. In congregate care LYFE centers, for example, regular, spontaneous training of parents in appropriate infant stimulation can be provided by the day care teacher and teaching assistants.

A second variation in program design - the three sites which served students enrolled in two or more offsite schools - presented similar problems. Student-parents served by these settings dropped their children off at the LYFE center each morning before continuing on to their respective schools for classes. In these instances also the LYFE parents had limited opportunity for interaction with their child's day care teachers. In addition, LYFE social workers experienced considerable difficulty in maintaining contact with the parents served by the program, spread as they were among a number of different schools. Opportunity for casual contact, group support sessions and group parenting instruction with the LYFE parents was as a result severely curtailed.

Differences resulting from the type of educational setting hosting the LYFE program were also observed. LYFE sites exist in alternative high schools, comprehensive high schools, Schools for Pregnant Students and GED preparation programs. Alternative high schools by design are smaller, more intimate schools, where teachers are also assigned as advisors to groups of students. The closer contact between teachers and students and the regular opportunity for informal counseling appeared to provide an additional, important layer of support to the LYFE students attending these schools. A number of LYFE staff in these settings also pointed out that the different credit accumulation system used among alternative high schools - designed to ease

school completion for their students, all of whom have a common history of problems within the traditional, comprehensive school setting - also aids in preserving maximum school credit for pregnant students while on maternity leave. To illustrate, a pregnant student in a comprehensive high school giving birth mid-term would not receive credit for work already completed that term. In an alternative high school, where credit is accumulated by time served in class as well as by examination, a student leaving mid-term would retain credit for those weeks of the term already spent in the classroom.

The four Schools for Pregnant Students which contained LYFE sites, with their exclusive commitment to pregnant and parenting students, significantly added to the LYFE program experience. These schools are devoted to locating child care for all their students from the moment of enrollment, recommending some students to their LYFE program, some to other day care. Enrollment in LYFE is therefore supervised to a greater degree than in other school settings, where it is often up to the pregnant or newly-parenting student to apply to the LYFE program herself. In addition, students in these schools are routinely provided with Home Study - supervised, independent school work during maternity leave - which maintains the school connection during this crucial, high-dropout period. In any other school, Home Study is available during documented medical leaves but

not for uncomplicated pregnancy (see Section 26, Availability of Home Study).

Lastly, the five LYFE sites hosted by GED preparation programs presented unique challenges. LYFE social workers within these settings seldom knew with assurance how many of their students had actually received Graduate Equivalency Diplomas, as the host programs do not systematically track students beyond the three-month or more exam preparation cycle. What staff knew, they knew due to their personal relationships with the students involved. Students enroll and drop out of these programs with great frequency, strongly affecting LYFE enrollment and attendance. Because students may be enrolled for as little as three months, close, supportive relationships with the LYFE social worker are less likely to develop. Ancillary services offered by a comprehensive high school, such as parenting courses or the Family Living/Sex Education curriculum, are not available. One GED program, offered during the evening hours, could not realistically provide such support as escort to health care services or actively intervene in Income Maintenance and related service problems. While LYFE child care is undoubtably important to the acquisition of the GED by these parents, a different complement of social support services to the LYFE parents and special consideration of the problems of irregular attendance and a short program cycle are warranted.

5. SCHOOL COMPLETION

Citizens' Committee began this inquiry with the intention of including data on the rates of program dropout and of successful school completion among the LYFE sites. In practice, however, this became all but impossible without undertaking a longitudinal study. Fifty-four percent of LYFE students for whom grade in school was available had not yet reached the twelfth grade. Another 32 percent were enrolled in GED programs which do not appear to systematically monitor how many students actually pass the GED exam after enrolling in a preparation program. Certain GED LYFE program staff had anecdotal information on student GED completion, however. Staff at two of four LYFE sites located at Schools for Pregnant Students noted that most of their students transferred back to their original schools prior to graduation, because the Schools for Pregnant Students can seldom offer all of the coursework individual students need to meet graduation requirements; only occasionally, through informal channels, did staff know whether a student had graduated. Six LYFE sites, begun in the past year-and-a-half, had as yet had few students eligible for graduation [6].

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[6] It is also possible for a student to be no longer eligible for LYFE - upon her child's reaching 2.9 years - and still be some time away from graduation.

At three LYFE sites, staff were not familiar with the academic progress of their students. At one of these sites the LYFE social worker went so far as to state that "that's the guidance counselor's job, not mine."

Of recent LYFE graduates, students eligible to graduate by the end of the 1989-90 school year and student dropout in LYFE, however, some anecdotal information was available. Social workers at eight LYFE sites stated that "most" of their students would eventually graduate, with one of these sites defining "most" as 80 percent. At all eight programs staff appeared well aware of which students were due to graduate that school year, and often knew what a student's plans upon graduation were. A ninth LYFE site claimed a 100 percent graduation rate, due to a selective program admissions policy (see Section 15, Acceptance and Termination Policies). At a 10th site, school progress information was available, but regarded as confidential. At three of these 10 LYFE sites staff also made efforts to follow their students' progress after graduation, and at one site they planned a reunion of former students. Staff at several other sites, while not formally tracking their students after graduation, clearly kept in touch with some and took great interest in their accomplishments. Several staff pointed out that LYFE students were not infrequently among their schools' most highly-motivated students. Indeed, in recent years several

valedictorians from more than one school had been LYFE program students.

Not surprisingly, LYFE staff were more reluctant to discuss program dropout. Staff at a majority of sites, however, acknowledged some school dropout among their students, especially among the youngest students for whom graduation was some years away. Some students aged 17 and older were also reported to drop out of high school in favor of GED preparation, sometimes with the encouragement of the LYFE staff when it was believed that this might be a more manageable option. One student, a junior, was reported to have dropped out as a result of a second pregnancy; one new LYFE site had experienced a 50 percent turnover in the program during its first months of operation but reported that its student population had since stabilized.

More precise monitoring of student progress, graduation and the reasons for program dropout is necessary. This information should in turn be available to staff as a tool in strengthening individual program sites. In several LYFE sites, staff need to assume greater responsibility for student progress and to appreciate that it is the essential measure of the success of the LYFE effort.

6. CHILD ENROLLMENT

The 23 LYFE sites reported a combined maximum child care

capacity of 439 infants, aged 2 months to 2.9 years, in day care slots licensed and subsidized by the City's Agency for Child Development. A majority of sites (50 percent) are licensed to serve 20 children; eight sites (33 percent) fewer than 20 children, usually 15; and three sites (13 percent) over 20, with one site accommodating up to 40 children.

Total LYFE day care enrollment, as reported on the day of interview to Citizens' Committee's monitors by LYFE staff [7], stood at 368 children, or 84 percent of licensed capacity. Enrollment varied considerably from program to program, however. Thirteen sites (56 percent) indicated full enrollment, with nine sites (39 percent) reporting a waiting list for LYFE services. Ten (43 percent) of the sites were, on the other hand, underenrolled at the time of Citizens' Committee's visits (see Table 3) [8]. Seven sites were underenrolled by at least 30 percent. Of the 10 LYFE sites experiencing underenrollment, four were located in comprehensive high schools; three in alternative high schools; and three in GED programs. The underenrollment among GED programs may in part be attributed to the constant turnover among students, who

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[7] Enrollment and attendance data is based on staff estimates and Citizens' Committee monitor observations rather than official school record data.

[8] Citizens' Committee monitors also encountered obviously inflated enrollments, with very different numbers of students reported by the school's administration and the LYFE day care teacher in one GED program.

enroll on average for a three-month cycle of preparation classes for the GED examination.

Age ranges were collected for 322 (88 percent) of currently enrolled infants. Of these, the majority were very young: 135 (42 percent) were under 1 year of age. An additional 139 infants (43 percent) were between 1 and 2 years old. Fifty infants (15 percent) were reported to be 2 years old and older (see Table 4).

7. CHILD ATTENDANCE

Child illness, bad weather and poor transportation impair attendance in most infant care programs. The LYFE program has additional difficulties due to the fact that the children's parents are younger than most, they have to maintain both parent and student roles on a daily basis, and in some cases they themselves have had a history of school absenteeism. LYFE nursery attendance as a result varies considerably day-to-day. Program staff, representing the 18 sites (78 percent) where this information was collected, reported average daily attendance ranging from a high of 80 percent to a low of 30 percent; mean average daily attendance stood at 60 percent. Attendance on the day of visit, noted by Citizens' Committee monitors for 17 (74 percent) of the sites, ranged from a high of 90 percent in one site to a low of 30 percent in six sites. Mean attendance by observation was 50 percent, compared to the 60 percent mean

average daily attendance reported by LYFE staff (see Table 5).

8. PARENT ENROLLMENT

Citizens' Committee's ability to observe the parents enrolled in LYFE was limited. While parents were observed

TABLE 3: LYFE NURSERY ENROLLMENT (spring 1989)		
Sites fully enrolled	13	(56%)
Sites underenrolled by: 10 - 20%	2	(09)
>20 - 40%	5	(22)
>40 - 60%	2	(09)
>60	1	(04)

TABLE 4: LYFE INFANTS, BY AGE (spring 1989)		
<1 Year	135	(42%)
1 - 2 Years	137	(43)
>2 Years	50	(15)
Subtotal (n)	322	(88)
Age not available	46	(12)

TABLE 5: A. AVERAGE DAILY LYFE PROGRAM ATTENDANCE, BY STAFF ESTIMATE

90%	0				
80%	3	(17)	50%	5	(28)
70%	5	(28)	40%	1	(05)
60%	3	(17)	30%	1	(05)

Mean (60) (n=18)
Attendance not available: 6 (25%)

B. AVERAGE LYFE ATTENDANCE ON ONE DAY, BY OBSERVATION

90%	1	(06)			
80%	1	(06)	50%	6	(35)
70%	4	(24)	40%	1	(06)
60%	0		30%	4	(23)

Mean (50) (n=17)
Attendance not available: 7 (29%)

dropping their children off in the mornings, visiting their children during the day where permitted and where time allowed, or during group meetings or parenting classes, the majority of students were in classes during monitors' visits. Data on parent characteristics and activities was therefore gathered through interviews with LYFE staff, and reflect their opinions.

The LYFE program typically provides counseling and social services supports to one school-enrolled parent for every LYFE child enrolled in its day care component. Very occasionally, parents may have a second child enrolled in LYFE, or be the parents of a second, older child not eligible by age for LYFE day care services. This is rare, however, due to the near impossibility of any single parent managing to transport more than one child with her [9] on a daily basis, along with diapers, baby bottles and schoolbooks, to a LYFE program. Fewer than five parents (1 percent) across the 23 sites were reported as having a second child enrolled, and a number of LYFE sites reported that they would not accept a second child for care.

Citizens' Committee estimates that for the 368 children reported as enrolled in the program's day care component (see Table 4), a corresponding 365 parents were also being served under its auspices. An additional few student-parents, whose children are not enrolled in LYFE day care but who attend the

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[9] With no known exceptions, enrolled LYFE parents were the children's mothers.

school, also receive LYFE social services support at three LYFE sites. For the analysis of enrollment, however, these students have not been included.

Data on the ages and grades of the parents served was available, by LYFE staff report, for 188 (52 percent) of parents. Half (95, 51 percent) were under the age of 18; 17 of these (9 percent) were under age 16. Another half (93, 49 percent) were aged 18 to 21 (see Table 6). LYFE staff also reported a growing minority of parents, especially among students enrolled in the Schools for Pregnant Students, who were under the age of 14. A general perception, often reported, was that the parent
population is getting younger.

Grade in school was also available for 188 (51 percent) of LYFE parents, based on staff reports. Of these 51 percent, 98 (53 percent) were reported as in the 9th, 10th or 11th grade. Two students (1 percent) were reported to be 8th graders, served by the Schools for Pregnant Students, which serve a growing number of intermediate school students. Twenty-seven (14 percent) were reported as being in the 12th grade, most of whom were expected to be eligible to graduate at the end of the school year. An additional 61 (32 percent) were currently enrolled in GED programs (see Table 7).

9. PARENT ATTENDANCE

Under no circumstances did a LYFE site permit the parent to

leave a child for LYFE day care without being in attendance herself at school that day. As a result, parent attendance can be said to closely approximate child attendance.

While an average daily attendance of 60 percent may at first glance appear exceptionally low, it is important to consider LYFE attendance in the context of high school attendance as a whole. For example, the Board of Education's Office of Information Services reports that average attendance for the school year 1988-89 was 80.6 percent in the comprehensive high schools; 73.2 percent in the alternative high schools; and 60.2 percent in the Offsite Educational Services/Outreach Division GED programs, for an average attendance of 68.6 percent. In this light, attendance in the LYFE program, while a cause for concern, is little more so than in the high schools as a whole, particularly among nontraditional programs.

10. HOURS OF OPERATION

The LYFE program has had a growing interest in providing extended day care services which would make it possible for participating parents to enroll in remedial or vocational classes or to seek part-time employment. Six programs

TABLE 6: LYFE STUDENT-PARENTS, BY AGE		
14-15 years	17	(09%)
16-17	78	(42)
18-19	81	(43)
20-21	12	(06)
Subtotal (n)	188	(51)
Age not available	180	(49)

TABLE 7: LYFE STUDENT-PARENTS, BY GRADE		
8th grade	2	(01%)
9th	22	(12)
10th	43	(23)
11th	33	(18)
12th	27	(14)
GED programs	61	(32)
Subtotal (n)	188	(51)
Grades not available	180	(49)

(26 percent) at the time of interview were providing LYFE day care during after school hours, and six programs (26 percent) were providing summer day care, with two LYFE sites providing both.

After school programs are offered usually in conjunction with "PM schools," which provide remedial and vocational programs. Summer LYFE programs are available in comprehensive high schools in each borough, as well as in two GED programs.

The majority of LYFE sites (22, 96 percent) offer day care during the six-hour school day [10]. The remaining site, sponsored by The Door youth multiservice center, operates 2:00 to 9:00pm, in conjunction with its GED preparation program.

11. STAFFING PATTERN AND RESPONSIBILITIES

The LYFE staffing pattern stands out as one of the program's strengths. Its day care component is staffed by a day care teacher, whose minimum qualifications include licensure by the City or the State in early childhood education and two years of related teaching experience, in keeping with Agency for Child Development (ACD) regulations [11]. In addition to general day care center management, the day care teacher is responsible for

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[10] Some GED programs are half-day, dismissing students at 12:30pm.

[11] Agency for Child Development day care regulations follow those set forth by the City's Department of Health in its Health Code.

preparing weekly developmental lesson plans for each child, assessing children's special needs - such as the need for speech therapy or a special health problem - and for supervising and providing in-service training to the teaching assistants.

Teaching assistants are responsible for hands-on care, including feeding, diapering and general nurture of the children as well as the carrying out of each child's developmental lesson plan. Their minimum qualification, as established by ACD, is a high school diploma. ACD regulations also require a minimum day care staff-child ratio of two staff for every eight infants under 1 year, and two staff for every ten children aged 1 to 3 years. The number of teaching assistants at a LYFE center corresponds to these requirements.

LYFE social workers work primarily with the program's parents, providing personal counseling, referrals to health and social services, monitoring of school performance and recruitment of new students. The one infant-related responsibility of the social worker is to arrange for alternate day care as LYFE children reach 2.9 years, the limit of the program's license. Social workers are required to have an MSW degree and must also be licensed acccording to the Board of Education's established procedure.

The social worker is assisted by a LYFE family worker. The family worker is reponsible for tracking parent school

attendance, making site visits to the parents' homes if problems arise, and providing escort services to health and social services appointments for the parents when this is necessary. The family worker is also usually responsible for compiling and submitting required day care attendance data to the Agency for Child Development. A high school diploma is the minimum requirement of family workers.

Either the day care teacher or the social worker, depending upon the site, is designated as the site coordinator and carries additional responsibility of accountability for the site as a whole. One or the other, and sometimes both, may also be responsible for teaching a parenting class in the school.

While Citizens' Committee found this staffing pattern to be in place at 11 (46 percent) of LYFE sites, it varied at the remaining 13 (54 percent) [12]. In some cases variation was by design, in others necessitated by temporary staff vacancies, and in still others was apparently the result of understaffing.

The two LYFE sites making use of the family day care model, where day care is carried out in private homes under the supervision of a nonprofit agency under contract with ACD, had no day care staff located at the LYFE school. At one site, the LYFE social worker was attempting to provide staff development at the offsite day care homes in addition to her usual

[12] Findings from the LYFE Hotel Project are included in this discussion.

responsibilities, and clearly needed an additional half-time social worker. In the other, there was no LYFE social worker, although the site coordinator was attempting to provide some level of social work services.

One LYFE site had no LYFE social worker, but a school social worker provided services to LYFE students. Another site did not have a LYFE family worker, but services were provided to a degree by two dropout prevention outreach workers affiliated with the school.

Four sites each had a half-time social worker, who spent the other half of the week at another LYFE site. At two other sites, the LYFE social worker carried a caseload of 15 to 20 students in addition to LYFE program students. At one of the sites these additional students were exclusively parents, but did not have their children enrolled in the LYFE day care.

One site, founded earlier in the same year, had no social worker and no family worker, but intended to hire a LYFE social worker. Meanwhile, another staff social worker at the school was providing coverage to LYFE students.

One site had only a half-time family worker, who as a result of half-time status was unable to make home visits.

While the LYFE program staffing for its day care program, required by Department of Health regulations, was adequate, its parent services component, funded by the Board of Education, was in many cases understaffed.

12. STAFF WORKING RELATIONSHIP

At two-thirds of LYFE sites (14, 61 percent) the day care teacher and social worker described themselves as working together as "a team." In an additional seven sites (30 percent), the day care teacher and social worker, by appearances and their own descriptions, worked quite separately. Parents and children, as a result, were also viewed separately, with little coordination between the social worker's efforts to improve parent functioning and the day care teacher's efforts on behalf of the child's development. The two remaining sites were those which used the family day care model for their day care. The family day care model by its nature greatly limits contact between school-based staff and the day care providers.

Staff who were using a team approach to services emphasized the richness which this approach added to the LYFE program. With this method a common understanding was being applied in working with parent and child; as a result the family's needs as a parent-child unit were more likely to be clarified and subsequently met. The children's behavior, it was remarked,

is often suggestive of the parents' outlook and needs. Citizens' Committee's monitors observed that in this model students seemed more comfortable in approaching the day care teacher for advice, and that more spontaneous parent role modeling took place between the two. It appeared that the quality of relationship between the social worker and day care teacher influenced that of the parents and day care teacher. It emerged in Citizens' Committee's interviews that many LYFE parents struggle over ownership of their children with their own parents - the children's grandparents (see Section 20, Life Problems of Student-Parents). The opportunity to develop a cooperative, nonthreatening relationship with the child's daily caretaker can have positive implications for the homelife of parent and child.

Another important outcome of the team approach was the greater likelihood that parenting groups and classes would benefit from the perspectives and experience of both teachers. In LYFE sites of this type, social workers and day care teachers were observed co-leading several very successful parent groups.

13. SUPERVISION

Supervision in the LYFE program is multitiered. LYFE day care teachers supervise teaching assistants, and social workers supervise family workers. The designated site coordinator is accountable for the site's operation as a whole to the LYFE central office, the Office of Adolescent Parenting Programs, a division of the Office of Alternative High Schools. The site coordinator is also administratively supervised, as are all personnel in the school, by the school principal.

Social workers also receive case supervision through monthly group meetings, as well as individual consultations on an as-needed basis, with a social work supervisor employed by the LYFE Central Office. LYFE day care centers are regularly visited by staff of the LYFE Central Office, and are also subject to annual review by the Agency for Child Development.

The supervisory structure was considered generally adequate by LYFE staff. In practice, however, Citizens' Committee for Children found that five LYFE sites were not adequately supervised by their principals (see Section 14, Attitude of School Administration). In addition, some social workers and day care teachers were frustrated by the fact that they had little actual authority, owing to the many layers in the chain-of-command, over the family workers and assistant teachers they were expected to supervise. They could not easily enforce performance improvements in instances where problems had

arisen, yet were still held accountable for the quality of performance of these staff.

Questions also remain regarding the appropriate supervisory role of the LYFE Central Office. At some LYFE sites, for example, it appeared that staff were carrying out functions more appropriately performed by the Central Office or requiring guidelines from the Central Office. One such function is student recruitment, on which individual sites appeared to receive little assistance. Others with which LYFE staff suggested they could use guidelines or direct support were 1) developing parenting education curricula, 2) sensitizing school staff to teen parenting issues, 3) developing school completion data collection practices, and 4) negotiating with local health care and other service providers for more responsive services.

14. ATTITUDE OF SCHOOL ADMINISTRATION

The attitude of the host school towards its LYFE program varied, and appeared to influence the degree of acceptance and integration the LYFE site experienced within the school. Seventeen (74 percent) of the sites characterized their school administrations as "supportive, involved" in their programs. These sites experienced proportionately fewer problems with underenrollment, working relationships among LYFE staff, and persistent negative attitudes on the parts of teachers and school staff with regard to the program.

Another five LYFE sites (22 percent) characterized their school administrations as "supportive, but uninvolved" in the day-to-day operations of the program. The majority of these sites were also underenrolled, and suggested that greater involvement of the administration in recuitment efforts would be useful. Four of these sites were substantially self-supervising on the school level, three of which managed to provide high-quality services. In one site, however, the LYFE nursery was exceptionally isolated.

At the last of these five sites the school administration was characterized as "supportive, but uninvolved" due to the fact that serious supervisory problems existed between the school administration and the LYFE site social worker. The social worker at this site held herself accountable only to the "LYFE Central Office," and displayed no deference to the assistant principal, her building supervisor. Indeed, this particular social worker could not be located, nor did anyone know where she was, during an initial site visit. This social worker was the only staff member in the 23 LYFE sites to raise questions of appropriateness of professional conduct. The difficulty might have been avoided if the principal of the school played a more active role in the LYFE program.

At only one school could the administration be characterized as "not supportive, uninvolved" in its LYFE site. At the time

of interview, LYFE staff had not seen their principal in four months. The simplest request on the part of the LYFE staff usually resulted in a battle with the school's administration. LYFE staff at this site were also, despite attempts to be involved, excluded from school staff meetings. Despite these obstacles, however, the LYFE staff remained devoted professionals, but were limited in their opportunity to develop the program's full potential.

Direct involvement by the LYFE Central Office with the administrations of these five schools would be beneficial, and active intercession in the last program cited is essential.

15. ACCEPTANCE AND TERMINATION POLICIES

While the LYFE Central Office requires that all LYFE students accepted into the program be under the age of 21, enrolled in the school served by the LYFE site and a parent in need of day care, and while in all cases this policy was observed, some LYFE sites employed additional acceptance criteria worth noting. One LYFE site required a minimum attendance standard for acceptance into the program; two other sites maintained both minimum academic and attendance standards for acceptance (3, 13 percent). Minimum attendance was, in all instances, defined as "good" attendance; academic standards were defined, respectively, as "a good age-credit ratio" and "good grades." The LYFE site specifying "good grades" characterized

itself as a "selective" program It strove to assure eventual graduation of all its students by admitting only highly motivated student-parents and providing rigorous monitoring of academic progress and mandatory remediation upon course failure as a condition of remaining in LYFE.

The existence of selective admission policies raises the question of which students the LYFE program is intended to serve. Is it a program, on the one hand, designed to serve students at risk of school dropout as a result of their parent status - the majority position - or is it, on the other hand, intended to provide additional supports to parents who, by virtue of their own efforts, have demonstrated themselves to be somewhat at less risk of dropout than the student-parent population as a whole? The question, related to the overall goals of the LYFE program, must be carefully considered.

The LYFE Central Office also asks that each LYFE site develop a termination policy, and 19 of 23 LYFE sites (83 percent) were able to cite such a policy. Repeated absences, with the duration left to the LYFE staff's judgement, were grounds in 14 (61 percent) of the sites. Repeated absences of a specific duration, ranging from 6 days to 20 days without notifying the LYFE site, were grounds in an additional five programs (22 percent). Four programs (17 percent) also cited

poor behavior or drug abuse as grounds, and three programs (13 percent) would also terminate a parent in the instance of a repeat pregnancy. Many programs had had the experience of having to terminate a student at some point, though the overall incidence was reported as infrequent.

As mentioned, three programs would terminate a student in the instance of a second pregnancy. This criterion relates the variation observed among the LYFE sites in the degree to which they monitor family planning practices of their students are monitored, and is discussed in detail in Section 19, Family Planning Advice and Counseling.

16. PARENT VISITS TO THE LYFE NURSERY

Citizens' Committee found that policy on permitting parents to visit their children in the LYFE nursery during the school day was inconsistent across the LYFE sites, and had a variety of implications for the character of individual LYFE programs. The LYFE Central Office, it should be pointed out, expects that parents will personally deliver their children to care in the mornings, and spend a few minutes at that time filling out a standard questionnaire concerning the children's sleeping, feeding and general behavior during the preceding 12 hours, and discussing any concerns with the day care teacher. All LYFE sites followed this practice, although on one occasion

Citizens' Committee monitors observed a parent dropping off a child without filling out the required form. In addition, parents are responsible for picking up their children at the end of the school day, and have the opportunity to speak with the day care teacher at this time.

Programs may also permit parents to drop in during free class periods or, most typically, during their lunch period to assist in feeding or to play with their children. Eleven LYFE sites (48 percent) maintained this policy. All emphasized the importance of the parent's being reassured about the children's well-being and of having this additional opportunity to consult with the day care teacher, as well as the opportunity provided for the day care teacher to observe additional parent-child interactions and to instruct accordingly. The nurseries where a drop-in policy was in force also tended to be those where the LYFE social worker and day care teacher adopted a team approach to their work and the latter tended to be less isolated from the parent-related activities of the LYFE site.

In contrast, 12 LYFE sites (52 percent) did not permit parents to visit their children during the school day, and offered a number of reasons for this policy. Nine of the 12 programs (75 percent) mentioned a concern over separation issues between parent and child, and the tendency for some children, especially the older toddlers, to experience stress at the parents' leaving. Others of these sites (2, 17 percent)

regarded the LYFE program as offering a respite for the young parent from the rigors of parenting, and a resulting opportunity for age-appropriate peer interactions. One site viewed applying oneself in class to be the clear priority for these parents, and saw visits to the nursery as possibly interfering with school achievement. At three sites (25 percent), which either used the family day care model or served as a feeder site for a number of different schools, parents and children are not under the same roof during the day, precluding the possibility of any other policy.

Programmatically, at those sites where the parent is permitted to visit during the day improvement in the parent-child relationship is given greater priority among the program's objectives. At those sites forbidding daytime visiting, objectives for the parent appeared more likely to be considered apart from those for the child. While either policy can lead to an excellent experience for both parent and child, Citizens' Committee believes it fair to say that the LYFE nursery functions more fully as a "laboratory for parenting" when ready access by parents is encouraged. As LYFE sites serve uniformly inexperienced parents, it seems improvident to allow any available opportunity to strengthen parenting skills to pass by.

17. RECRUITMENT

As discussed in Section 6, Child Enrollment, 10 LYFE sites (43 percent) were underenrolled by at least two children at the time of Citizens' Committee's interviews, and maintaining full enrollment has emerged as a concern in prior evaluations of the LYFE program as well as among most LYFE staff interviewed for this inquiry. Citizens' Committee was therefore particularly interested in measuring current recruitment efforts.

What was most striking to Citizens' Committee's monitors was the fact that recruitment in a majority of programs is casual, relying on admissions and guidance staff at the host school to recognize and refer appropriate students as well as on word-of-mouth and self-referrals. Some LYFE staff members attributed this passive approach to a general reluctance of their schools to come to grips with the numbers of students who are or are about to become parents. Staff at seven LYFE sites (30 percent) suggested that teachers or administrators in their schools engaged in a subtle blaming of parenting students, fearing their influence on nonparent students and regarding them as perhaps not deserving special program consideration. The LYFE program, like any teen pregnancy prevention or parenting program, is a reminder of a problem many would rather not acknowledge.

A majority of LYFE staff named their school's admissions and guidance offices as the source of the greatest number of

referrals (20, 87 percent). The next most common source of referrals cited, primarily by alternative high schools or GED programs whose students attended other secondary schools prior to admission, was admissions offices in other schools (9, 39 percent). The third most common source of students was self-referral (reported by 8 sites, 35 percent), where students learned of the LYFE program through other LYFE students.

Five programs (22 percent) reported referrals through community-based agencies, and just six (26 percent) engaged in active recruitment through advertisements in their school's newspaper, flyer distribution or by setting up a table on the annual Open School Night. Other sources indicated were referrals of still-pregnant teens from physical education classes, from requests for elevator passes to the principal's office (issued to pregnant students whose health precludes climbing many stairs), and referrals of pregnant and parenting students from school-based health clinics in the three LYFE schools where they existed (see Table 8).

Recruitment is viewed by Citizens' Committee as an area in which both individual school administrations and the LYFE Central Office can and should assume a more active role.

TABLE 8: SOURCES OF PARENT REFERRALS, LYFE PROGRAM (spring 1989)

	No. Sites	%
Admissions office, guidance office, same school	20	(87)
Admissions offices, other schools	9	(39)
Self-referrals	8	(35)
Community agencies, WIC, Teen Pregnancy Networks	5	(22)
School newspaper, flyers, Open School Night	6	(26)
Schools for Pregnant Students	4	(17)
Gym class referrals	3	(13)
School-based health clinics	3	(13)
Central Division of High Schools	2	(09)
Student elevator pass requests	2	(09)
Hospitals, other health services	2	(09)
Hotel Program, CIS shelter staff	2	(09)

(N = 23. Total over 100 percent due to several sites indicating more than one source.)

18. TEEN FATHER INVOLVEMENT

While virtually all 23 LYFE sites emphasized the importance of involving teen fathers in LYFE program activities, most had not had much success in actually doing so. In 13 LYFE sites (56 percent) fathers were largely, if not exclusively, inactive. An additional five sites (22 percent) had some fathers who visited their children in the LYFE nursery, accompanied the LYFE mother in counseling sessions with the LYFE social worker, or occasionally requested individual counseling sessions. Five sites (22 percent) had active fathers' support groups or workshops on a regular basis.

Of the LYFE sites with active fathers' groups, one was under the auspices of the Teen Outreach/Pregnancy Prevention Program (TOPPP), a program of the Board of Education which brings the counseling and workshops by community-based organizations into 26 high schools, 4 of which also house LYFE programs. TOPPP provided a male social worker to develop activities with LYFE fathers and other fathers in the school. A second LYFE site, offering GED preparation under the sponsorship of a nonprofit organization, had a fathers' support group made up of "six or seven highly-motivated young fathers." The other three sites involved young fathers as well as mothers in LYFE-sponsored parenting workshops.

LYFE social workers pointed out two obstacles to father involvement with which they were trying to contend. One was the fact that many fathers of LYFE program children were either

no longer students or not students at the same school as the LYFE mothers. Second, every LYFE social worker interviewed was female; most believed that this created a significant barrier to winning the trust and involvement of young fathers. Recruitment of male social workers, as a prelude to young father involvement, was suggested by a number of LYFE staff.

19. GRANDPARENT INVOLVEMENT

The LYFE program had less involvement with the grandparents - the LYFE student's parent(s) - than staff believed optimal. Most LYFE sites did require the grandparent to accompany the LYFE student-parent on the initial intake visit upon LYFE enrollment. Many other LYFE sites contacted the grandparent by telephone, office visit or home visit once or twice annually to provide a progress report on the LYFE student. LYFE social workers estimated the numbers of grandparents with whom they had fairly regular contact from a low of 10 percent in two sites to a high of 100 percent at one site. Most LYFE social workers had some level of involvement with roughly half of students' grandparents. Two LYFE sites, one located within a School for Pregnant Students and the other in an alternative high school, did however sponsor a grandparents' support group which its staff regarded as very successful.

20. LIFE PROBLEMS OF STUDENT-PARENTS

Citizens' Committee devoted considerable interview time to discussion of the kinds of problems LYFE social workers encounter in the young parents they counsel. Surprisingly, a full 14 LYFE sites (61 percent) listed housing-related problems as a chief concern of LYFE students. These included problems with overcrowding, brought about by the addition of the LYFE student's child into an already crowded or doubled-up housing situation; dangerous or substandard housing, judged to be particularly hazardous to an infant or actively crawling child; and the desire on the young parents' part to establish their own household apart from the grandparents', made all but impossible by the scarcity of affordable housing and lack of income.

The second problem area LYFE social workers most often encountered (13, 56 percent) concerned students' relationships with their parents, the child's grandparents. Poor housing, as above, was often mentioned as exacerbating conflicts in this relationship. At a time when the adolescent would otherwise be working towards creating an independent life, the fact of having a child perpetuates dependency on the grandparent. A number of LYFE social workers also mentioned conflicts over differences in parenting values and styles between the LYFE student and the child's grandparent, and confusion in some families over whose child the LYFE infant is. In this category were also conflicts in the relationship with the LYFE infant's putative father,

with whom many LYFE students maintained relations. Social workers recounted that, while not usually a problem with the LYFE student, a young father's selling and/or abusing drugs and the impact of this behavior on the LYFE mother were problems. At one site the staff mentioned occasionally encountering physical abuse of LYFE mothers by male partners. At four sites (17 percent) substance abuse by the grandparent was mentioned as a common problem [13].

At seven sites (30 percent) staff discussed the fact that they were seeing more younger - 14- to 16-year-old - parents than in the past, and that these parents were on average much less well equipped developmentally to cope with being a parent and a student than their older counterparts. These younger parents were more likely to experience problems in the parent-child relationship.

Transportation, particularly where buses are the only means of getting to school, was ranked a common problem in three sites (13 percent). One Citizens' Committee monitor accompanied LYFE students on a public bus at the end of a school day, and witnessed first-hand the difficulty presented by getting child, stroller, diaper bag and school books as well as oneself onto a crowded bus, then facing one or more transfers before reaching home. Transportation problems was a factor in the attendance

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[13] Problems reported by the frequency mentioned by staff at LYFE sites, and not to be taken as indicating prevalence.

problems three LYFE sites (13 percent) mentioned working with students to resolve.

Other problems LYFE students bring to the social worker include the need for a job (3, 13 percent); behavioral problems (2, 9 percent); and repeat pregnancies (2, 9 percent) (see Table 9).

TABLE 9: LIFE PROBLEMS OF STUDENT-PARENTS, AS RELAYED BY LYFE SOCIAL WORKERS

	No. of Sites	%
Housing	14	(61)
Interpersonal relations (esp. with grandparent(s))	13	(56)
Parents younger, less mature	7	(30)
LYFE parent/child relations	4	(17)
Substance abuse, grandparent	4	(17)
Finding jobs	3	(13)
School attendance	3	(13)
Transportation	3	(13)
Repeat pregnancies	2	(09)
Student behavioral problems	2	(09)
Substance abuse, LYFE parent	2	(09)
Substance abuse, putative father	2	(09)
Physical abuse, by male partners	1	(04)

(N = 23. Total over 100 percent due to LYFE sites citing more than one problem type.)

22. FAMILY PLANNING COUNSELING

The official policy of the LYFE Central Office is to provide family planning counseling by referral only. In practice, however, two different points of view on this issue emerged among the LYFE staff. Eight sites (35 percent) referred their LYFE students directly to health care providers offering family planning counseling and services, and did not offer counseling themselves, as prescribed by the LYFE Central Office. The remaining 15 sites (65 percent), on the other hand, did offer counsel on family planning issues, and viewed this role as part of their mandate. To do otherwise, it was reasoned, would be to risk their students' educational futures to the possibility of a second pregnancy. Three LYFE sites further reenforced this approach by maintaining a policy of program termination upon a student's second pregnancy. Many LYFE staff observed further that if the LYFE program is to achieve its goal of school completion for its students, emphasis must be placed on delaying second children.

23. EXCUSED ABSENCES DURING THE SCHOOL DAY

Citizens' Committee observed inconsistency in the attitudes of the LYFE sites towards excused absences of LYFE students

during school hours in order to attend health clinics, WIC clinics, and other related services. Sixteen LYFE sites (70 percent) placed few restrictions on these absences, though most required proof from the service provider of the student's visit. In these cases also, few if any attempts had been made either to counsel LYFE students to request appointments where possible during after-school hours, or to request service providers to schedule their adolescent services after the school day. It was pointed out on one occasion, however, that the escort services provided by the LYFE family worker were only available during school hours.

Six programs (26 percent) followed a more assertive policy. Each strongly suggested or insisted that service visits be scheduled after the school day, and several counseled students in asserting themselves to ask for this consideration. One Citizens' Committee monitor observed a LYFE social worker rehearsing with a student a call for an appointment to a health clinic and providing support during the call, which successfully led to an after-school appointment.

Maintaining a policy of after-school service visits reinforces the importance of attending classes, and provides an

opportunity for learning self-assertion skills. Advocacy might also be undertaken with service providers to increase the availability of after-school appointments, probably most appropriately by the LYFE Central Office.

ANCILLARY SERVICES:

24. PARENTING CLASSES

Citizens' Committee was particularly interested in learning more about what related services were available to LYFE students in their schools. Foremost was an interest in parenting classes. The Division of Alternative Schools and Programs has encouraged making parenting classes available to all LYFE students.

Citizens' Committee found all LYFE programs either had or were planning to offer by the 1989-90 school year some form of parenting class or group. Nine sites (39 percent) offered parenting instruction to LYFE students exclusively, six in the form of a formal class and three through a parenting club or self-help group. Nine additional sites (39 percent) offered a parenting class open to the whole school but required of LYFE students. Five sites (22 percent) offered a parenting support group exclusively for LYFE students and a parenting class open to the whole school.

The format, content and credentials of the teachers of parenting classes varied considerably across the programs. Citizens' Committee observed parenting support groups run by LYFE social workers with clear content and goals, and others which were without clear direction. Two sites contracted with outside agencies, notably the Department of Health's Adolescent Parent Education Training Program, to teach parenting workshops. Formal parenting classes sometimes use a Home Economics parenting curriculum emphasizing parenting skills and child nutrition, or take a Health Education approach emphasizing human development, or use fictional accounts of parent-child relationships under the auspices of an English teacher to clarify parenting values. Common curriculum components were the teaching of human development, clarification of parenting values, self-esteem building among the students, and instruction in concrete parenting skills.

Classes at seven LYFE sites were taught by the LYFE social worker (30 percent); in two sites, by the LYFE social worker and day care teacher operating as a team (9 percent); in four sites, by the LYFE day care teacher exclusively (17 percent); in two sites, by a school Home Economics teacher (9 percent); in two sites, by an outside agency parent trainer (8 percent); in two sites, by the school's social worker (9 percent); in one

site, by a Health Educator, a trained nurse, with the school's Health Resources Coordinator (4 percent); at one site, the LYFE social worker, a Health Resources Coordinator and a Home Economics teacher, working together (4 percent); and in three sites, by teachers of other disciplines, including English and History (13 percent) (see Table 10).

TABLE 10: TEACHERS OF PARENTING CLASSES IN LYFE SITE SCHOOLS

	No. of Sites	%
LYFE social worker	7	(30)
LYFE day care teacher	4	(17)
LYFE day care worker and social worker	2	(09)
LYFE social worker, Health Resources Coordinator and Home Economics Teacher	1	(04)
School social worker	2	(09)
Nurse and Health Resources Coordinator	1	(04)
Home Economics teacher	2	(09)
Teachers, other disciplines	3	(13)
Outside agency parent trainer	2	(09)

(N = 23. Total over 100 percent due to some schools offering more than one course, taught by different staff.)

School administrators and LYFE staff raised a number of concerns with respect to parenting classes. The importance of making these classes credit-bearing in the core curriculum was universally emphasized, as students have limited time in their schedules to take classes which will not contribute to their

diplomas. This in turn accounts for a number of classes having a literature emphasis and earning English credits. Other staff lamented the fact that no LYFE site was able to offer a progressive series of classes, a Parenting II or III, which would keep pace with LYFE parents' different parenting experiences as their children grow progressively older. Offering a single parenting class also means that many LYFE students have the support of a parenting class for only one semester of their time in high school. The belief was that unless LYFE students can promptly apply their learning with their child, knowledge is less likely to be retained until it can be applied. Five LYFE schools compensated for this by offering both a support group for LYFE students throughout their enrollment and a formal parenting class, while nine did not.

25. HEALTH CARE SERVICES

All of the LYFE sites required access to health care for both their students and children, and evidence of child immunization is required by the Agency for Child Development for admittance to LYFE day care. Sixteen (70 percent) of LYFE sites referred their students to community-based health care providers, and most if not all appeared to monitor their students' use of these services; a number also mentioned instructing their students in what to look for in a health care provider. Generally, LYFE staff recognized the importance of a

primary care provider, and attempted to steer students to known reputable sources. Several staff discussed doubts about the quality of health care available in their communities, and suggested that providers do not always take the time to explain treatments adequately to LYFE parents. Family workers accompany students if support is required and time allows.

The remaining seven LYFE sites (30 percent) offered some form of school-based health care to LYFE students. Three LYFE sites (13 percent) were also the site of Board of Education School-Based Health Clinics, which were able to provide the best communication and referral observed between LYFE sites and health care providers. Where School-Based Clinics existed, they were also able to refer new parents to the school's LYFE site. Clinics offered care primarily to the student-parent, but were able to provide emergency health care to LYFE children who became ill during the day. Because these clinics do not provide 24-hour coverage, however, all required that LYFE children also enroll with a community-based health care provider.

Two LYFE sites (9 percent) had access through their schools to the State Health Department's Teenage Program (TAP), which provides direct transport of LYFE students (and other students) to a sponsoring community-based health provider. Two other sites (9 percent) reported a visiting onsite health clinic

one or more days a week, which LYFE students were eligible to use.

The health care services monitoring and referral by LYFE sites is an important component of the program, helping young parents to become well informed about their children's health care needs and able to advocate successfully for quality care.

26. VOCATIONAL TRAINING AND CHILD CARE INTERNSHIPS

Because of the clear desirability of gainful employment for the LYFE parent upon leaving school, Citizens' Committee sought to assess the availability and relationship of vocational training programs to the LYFE sites. We were pleased to discover that 15 (65 percent) of LYFE sites had vocational training components either as a part of LYFE or closely associated with LYFE students. Of the six sites offering after-school LYFE day care and the six offering summer day care, all used the time as an opportunity for LYFE students to enroll in vocational or remedial programs offered by the school or to assume paid employment. One school offers a vocational training program exclusively for LYFE students and in two other schools, all students take vocational education. Career paths offered in vocational programs included a dental assistantship training program associated with a local hospital; office skills and word-processing training; carpentry; culinary arts, including, at one site, a restaurant managed by students; and pre-nursing.

One school also has an onsite employment service, sponsored by private funds and used by LYFE and non-LYFE students. LYFE staff also reported quite a few of their students going on to two- and four-year colleges upon graduation. By no means do all LYFE students participate in vocational training or go on to higher education, but a general perception, expressed by many LYFE staff, was that the young parents in LYFE are among the most highly motivated. LYFE enrollment itself requires considerable daily discipline, and adds an additional set of obligations to the school experience.

The remaining eight LYFE sites (35 percent) offered some vocational training as part of the school's curriculum, but did not emphasize LYFE student participation.

A number of LYFE sites also served as vocational resources for their schools by sponsoring one or more child care internships in the LYFE nursery each semester, generally for non-LYFE students. Eleven LYFE programs (48 percent) reported at least one, part-time internship. Interns were observed nurturing children and learning to carry out developmental lesson plans.

26. REMEDIATION

Special remediation programs for LYFE students did not exist. The one LYFE site with academically-selective admission criteria required any LYFE student failing a class to take

remediation in its PM School as a condition of remaining in LYFE. One LYFE social worker provided one-on-one remediation to students, and another enrolled some students in the school's peer tutoring program. The six LYFE sites with after-school day care encouraged students to use this time for remediation. All others relied on the remediation programs offered by the school, or, as GED programs, provide remediation as part of their preparation programs. Virtually all LYFE staff acknowledged, however, that their students' remediation needs were great, especially as many had missed a semester or more of school due to childbirth, and many more had been over age for grade prior to becoming parents.

27. AVAILABILITY OF HOME STUDY

An important and yet unexpected finding concerned the availability of Home Study - independent study plans provided to students in the weeks following birth up until their return to school. Citizens' Committee found that the Schools for Pregnant Students routinely make this service available, as a matter of policy, and regard it as an important part of their programs. Pregnant students in all other high schools are not entitled to such a service unless they possess a concurrent medical problem. This results in a break in the school connection during the postpartum period and often signals the end of school attendance. As many LYFF staff suggested, the weeks following

birth are a time of high stress during which an untold number of new parents make the decision not to return to school. Home Study as provided in the Schools for Pregnant Students helps to maintain the school relationship.

28. RELATIONSHIP OF SERVICES TO PREGNANT STUDENTS AND THE LYFE PROGRAM

At 14 LYFE site schools (61 percent), there was some evidence of a relationship between school staff who had knowledge of pregnant students and the LYFE site. LYFE social workers most often named the school's guidance counselor(s) as key personnel; next most often, the school nurse or school-based health clinic, if available; and lastly, in two LYFE schools, the physical education teacher identified pregnant students and made referrals for LYFE services.

Six LYFE sites, four in comprehensive high schools and two in alternative high schools, also had access to the Board of Education's Services Linkage Project, which assigns to a member of the school's staff responsibility for identifying pregnant students and referring them for services, including the LYFE program. The Services Linkage Project, a new program, was just beginning to make its presence known in these schools.

Linkages between LYFE and school staff with knowledge of pregnant students naturally existed in the four Schools for Pregnant Students which also housed LYFE sites, and were

encouraged by the design of these schools. Staff in these schools can assume that every student is pregnant and will eventually need child care, and each student's child care need is assessed upon admission.

In nine LYFE sites (39 percent) no school staff were readily identifiable as having particular knowledge of pregnant students in the school, and therefore no linkage existed with the LYFE site. Citizens' Committee's monitors believed that a great many students who could be served by LYFE were being overlooked.

Efforts such as the Services Linkage Project are important steps in keeping pregnant students in school and assuring that their child care needs are met.

LYFE DAY CARE:

While the focus of this inquiry has been on the experiences of student-parents in LYFE at each site, the day care teacher was routinely interviewed regarding the parents and children and Citizens' Committee's monitors visited the nursery at all sites providing onsite, congregate care (21, 91 percent). Several findings which suggest areas of program improvement emerged

and are reported here.

29. STAFFING

The day care services offered by the LYFE nursery on the whole were of high quality and lived up to their promise to identify developmental delays and provide developmentally-appropriate stimulation to the infants and toddlers in their care. Unusually for day care centers, and due in part to the better pay scales and benefits available to these day care workers as Board of Education employees, LYFE nurseries had relatively infrequent turnover of staff. Many staff had been with their respective LYFE center since its inception. A stable staff has a positive influence on the quality of day care, and this was evidenced in the LYFE program.

A number of LYFE day care teachers did suggest, however, that the teaching assistants under their charge had not always had any or adequate training in working with teen parents. They viewed this as an area where staff development efforts would be especially useful.

30. LOCATING ALTERNATIVE CARE AT 2.9 YEARS

Citizens' Committee had expected to find arranging for alternate child care when a child reached the age of 2.9 years -

upper limit of LYFE by Agency for Child Development regulation - to be a widespread problem. While it was reported to be a problem for a third of LYFE nurseries, for a majority it was not.

Fourteen LYFE sites (61 percent) were able to place their children in alternative, community-based care usually without difficulty, a function performed by the LYFE social worker. Nine sites (39 percent) did report problems in locating care. At three LYFE sites social workers found the Agency for Child Development's central referral service for available care in the community inadequate to their needs. At the remaining nine sites, staff found that the supply of child care in their immediate communities was inadequate, and that it took months - often beginning at the start of a school year to place a child by the year end - to locate satisfactory, alternative care for each child.

It should be noted that in all LYFE sites children who reached the age of 2.9 years during a school term were maintained in LYFE day care until the end of the term or school year. In a few instances, monitors observed children as old as age 4 who were still receiving LYFE day care.

31. LOCATION, CONDITION AND ADEQUACY OF NURSERY SPACE

Remaining findings relate to the condition of the space serving as the LYFE nursery.

Three LYFE nurseries (13 percent) were located on upper stories in school buildings, all with unreliable elevators. Staff in these instances had substantial difficulty in taking the children, their strollers and supplies out for walks or play. In a fire or other emergency, this location is clearly dangerous.

All LYFE nurseries were newly, cleanly carpeted, many recently, brightly painted, and most had separate rooms for infants and toddlers as required. Radiators were covered, and windows barred. Standard-issue furniture and bedding was well-chosen and arranged. Many sites also had newly-acquired small washing machines for laundering bedding. Toys and other children's materials were adequate for toddlers, although several staff did comment that not enough infant manipulatables were available from LYFE central supply. Staff also mentioned that delays in receiving funds for disposable items, such as paper goods, often required them to use personal funds for purchase and then wait weeks for reimbursement.

At six LYFE sites (26 percent) water supply, bathrooms or both were inadequate. Several nurseries had been waiting months to years for installation of plumbing and sinks in what had once been classrooms, leaving diaper-changing and food serving areas without a direct water source for sanitation and clean-up. One site used a bathroom located in an adjacent hallway. Other

sites had collocated bathrooms, but facilities shared by staff and children. Few bathrooms were adequately child-adapted.

Peeling ceiling paint was observed in two LYFE nurseries.

Probably the most striking deficiency, in the eyes of Citizens' Committee's monitors as well as LYFE day care teachers, was the lack of appropriate outdoor play space. Fully 12 (52 percent) of LYFE nurseries had no playground on the premises or a clean, safe local park nearby to which to take their children. (Unlike lower-grade schools, the high schools, where most LYFE nurseries are situated, have no grounds to speak of.) Most staff made do by walking their children around the block.

32. NURSERY MEALTIMES

The LYFE program Central Office requires parents to provide food for infants - four bottles of prepared formula or milk, and strained food each day - as well as fresh fruit and bottles, if used, for enrolled toddlers. Toddler breakfast and lunch is usually that served by the Board of Education to students in the high school. The menu, unless adjusted, is often not appropriate to the nutritional needs of these children.

Ten LYFE nurseries (43 percent) reported that the food available to toddlers was adequate, having, in most cases, arranged for adjustments to the standard Board of Education menu

in cooperation with the school's dietician. Exceptions were two LYFE sites which asked parents to bring all food for all children (these were Schools for Pregnant Teens, where almost all of the children were infants) and one LYFE site - sponsored by a community-based organization - which was able to prepare food to its specifications in the organization's collocated cafeteria. Seven LYFE nurseries (30 percent) characterized their food, limited to the Board of Education menu, as inadequate, particularly in supplying fresh fruit and vegetables for the children. Several of these sites viewed having access to a kitchen of their own as a possible solution. The remaining six LYFE sites (26 percent) either did not have a nursery onsite or did not comment.

Citizens' Committee monitors had considerable opportunity to observe mealtimes. In 11 nurseries (48 percent) the teacher, with the teaching assistants, fed the children; in 7 nurseries (30 percent), parents as well fed their children, schedule permitting, under the supervision of the day care staff; in the remaining 5 sites (22 percent), this information was not collected. While generally mealtimes were handled satisfactorily, on several occasions monitors observed toddlers struggling alone with foods, such as pieces of "hot dogs," with which choking is a real danger.

Every LYFE site reported most of its students to be

receiving WIC infant food supplements. Most LYFE sites provided some form of infant nutritional education, either informally by the day care staff, in a workshop for LYFE students or as part of a school's parenting class curriculum.

* * *

VI. APPENDIX

LYFE Program Sites (Spring 1989)

(Manhattan)
The Door LYFE
121 Sixth Avenue
New York, NY 10013

P911M/School for Pregnant Students LYFE
22 East 128th Street
New York, NY 10035

Satellite Academy High School LYFE
198 Forsyth Street
New York, NY 10002

School for Cooperative Technical Education LYFE
321 East 96th Street
New York, NY 10028

West Side High School LYFE
140 West 102nd Street
New York, NY 10025

YWCA LYFE
610 Lexington Avenue
New York, NY 10022

(Bronx)
Argus Office of Educational Services LYFE
760 East 160th Street
Bronx, NY 10456

Bronx Outreach LYFE
1001 Jennings Street
Bronx, NY 10460

Bronx Regional High School LYFE
1010 Rev. Polite Avenue
Bronx, NY 10459

James Monroe High School LYFE
1300 Boynton Avenue
Bronx, NY 10472

P921X/Martha Neilson School for Pregnant Student LYFE
1010 Rev. Polite Avenue
Bronx, NY 10459

(Bronx, cont.)
South Bronx Job Corps LYFE
1771 Andrews Avenue
Bronx, NY 10453

Theodore Roosevelt High School LYFE
500 East Fordham Road
Bronx, NY 10458

William H. Taft High School LYFE
240 East 172nd Street
Bronx, NY 10457

(Brooklyn)
John Jay High School LYFE
237 Seventh Avenue
Brooklyn, NY 11215

P932K/School for Pregnant Students LYFE
631 Belmont Avenue
Brooklyn, NY 11207

High School Redirection LYFE
226 Bristol Street
Brooklyn, NY 11212

Sarah J. Hale High School LYFE
500 Pacific Street
Brooklyn, NY 11217

High School of Telecommunications LYFE
350 67th Street
Brooklyn, NY 11220

(Queens)
Andrew Jackson Family Day Care LYFE
90-04 161st Street
Jamaica, NY 11432

Far Rockaway High School LYFE
821 Beach 25th Street
Far Rockaway, NY 11691

Middle College High School LYFE
10-15 49th Avenue
LIC, NY 11101

LYFE Program Sites, cont.

(Staten Island)
Sadie American Office of Educational
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